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A PLEA

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FOR

MEDICAL PROVIDENCE

AND THE

PREVENTION OF DISEASE IN  
GENERAL PRACTICE.

BY

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## PREFACE.

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*The scheme set forth in the following pages was first published by the Author in a communication to the "British Medical Journal" for November 13th, 1880; and further contributions by him on the subject will be found in the same Journal for December 4th, 1880, and April 16th and November 26th, 1881. These were intended, of course, for the profession; but as the subject is one of universal interest and importance, and as the co-operation of the laity is requisite, the Author has decided to bring the matter before the public generally in the manner following.*

*During the past two years the Author has had many applications for information, leaflets, cards, &c., from his medical brethren in various parts of Great Britain and Ireland, and even in America; and as during that time the scheme has met with approval from various quarters, but not with any adverse criticism, he is induced to believe that it has to some extent already taken root.*

W. F. P.

ST. MARY BOURNE, ANDOVER, HANTS,  
*September, 1882.*

## *Providence and Prevention in Medical Practice.*

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AT the Annual Meeting of the British Medical Association in 1880, a case was cited by Dr. C. B. Fox, of a "Medical Officer of Health, with the usual nominal salary, who expressed his opinion that the public could not expect him, for such a paltry sum, to do his best to prevent so remunerative a disease as small-pox, every case of which, taking the average of rich and poor patients, was worth a five-pound note to him."

The moral drawn by Dr. Fox, that "a man should never be placed in such a position that his own private interests must inevitably clash with the public interests," is obvious, and undeniable. He was speaking of Medical Officers of Health; but what, I would ask, has been the position of medical practitioners generally, from time immemorial to now? Has it not been such, and is it not such even now, that the greater the amount of illness the better it is for the doctors? But obvious and familiar-looking as the fact may be when thus set down, if it is ever recognised at all, it seems to be at once dismissed from the thoughts as something anomalous perhaps, but unimportant; sometimes it is thought worthy to be made the subject of a joke,\* or if it should seem to be an evil it is passed over with a sigh as one that is somehow unavoidable. That it is an evil, no one who has given sufficient attention to the subject with the knowledge and experience of a medical man can honestly deny. When the system of remuneration for medical services is such, that the practitioner is tempted to be satisfied with

\* Thus, from time to time, we are reminded of that doctor who refused to take a holiday lest his patients should recover; and thus, too, Mr. Du Maurier has commented on the subject from the point of view of *Punch*. "Pleasure and Business: *Lady*: 'A pretty sight, isn't it, doctor? I don't see any of your little ones here. I hope you don't *disapprove* of juvenile parties?' *Dr. Littlelums* (famous for his diagnosis of infantile disease): 'I, my dear madam, on the contrary, I *live* by them.'"

merely pleasing his patient without hastening his recovery or trying to make it permanent, we may be sure there will always be some who will yield to the temptation. Nevertheless, in spite of the false position the doctor occupies in relation to his patient, he generally does his best to minimise the evil at his own disadvantage, by subduing the malady as soon as he can. Nay, more, he even occasionally advises his client (and the advice on this point is too often quite gratuitous) as to how he may in future avoid such illness. But it is simply inevitable, as the result of such a system, that the more rapidly the practitioner cures disease, and the more efficiently he prevents it, the more does he impoverish himself; and hence it is also inevitable that medical practice in such circumstances *is not, and never can become, so curative or so preventive as it might be.* No wonder, therefore, if what Dr. Fox's candid medical officer so bluntly spoke, is also the silent thought of many, who, perhaps unconsciously, restrain their efforts to "kill the goose that lays the golden eggs." Not that the doctor, as a rule, deliberately and intentionally withholds from his patient the advice which would still further shorten and prevent his maladies. Were he to do so, indeed, no one could reasonably blame him. But instinctively he abstains from troubling himself with what, in most cases, is not expected from him, and feels, as his experience with the public teaches him to feel, that if he merely gives, or even tries to give, his patient some measure of relief within a reasonable time in the traditional or customary way, he does his duty, and is entitled to be paid; and thus it not unfrequently happens that the less useful he is the more is he rewarded.

If there were really no remedy for such a state of things, the wisest course would be to shut our eyes upon it, and avoid the subject. But has a remedy been sought for? If not, why not? It is surely worth our while to make inquiry whether the system under which such mischief is possible is really a necessary evil.

Certainly the argument for change has never been so strong as now. The recent advances in our knowledge of the nature and the causes of disease, afford at length a scientific and workable basis for the practice of prevention, and hence the

prominence to which preventive medicine has of late been growing. The term "preventive medicine" has, however, been hitherto almost entirely confined to the department of public health, that is to say, to the fulfilment of certain Acts of Parliament relating to the prevention of disease in the community at large. But there is private hygiene \* as well as public hygiene, and in preserving the health of the individual there is abundant scope for the private practitioner. Sanitary legislation can do something it is true ; but its province and its power are alike subordinate and limited. For even the needed legislation will not come, or, if it does, it will either be injurious or nugatory, if the legislators are not well informed upon the subject, and on the other hand, be it ever so wise, it cannot be successful if the public do not give effect to its provisions by their willing and intelligent co-operation, and this they cannot do unless they too are well informed. Much of what is possible to be done for the prevention of disease, every adult person can, and must, do for himself as far as he is independent ; something he can also personally do by influencing and helping and controlling others,—and if he happen to be rich his means of usefulness in this way are accordingly increased;—but in order to accomplish all, or any part of this, the enlightened conviction of the individual is the first essential.

Whence, then, is this enlightenment to be obtained? There can only be one answer. The prevention of disease is so intimately associated with its treatment, and like it, is so dependent on that extensive round of medical knowledge which only the qualified practitioner can be expected to possess, that the one is quite as much his function as the other. *Doctor* means *teacher*, and it is now not only possible, but fit and needful, that he should bring his work into harmony with this generic title, by teaching the prevention of disease. If the public could but apprehend this simple truth, the wisdom of employing his skill and knowledge to this end would soon, I think, be-

\* "Hygiene is the art of preserving health, that is, of obtaining the most perfect action of body and of mind during as long a period as is consistent with the laws of life. In other words, it aims at rendering growth more perfect, decay less rapid, life more vigorous, and death more remote."—*Parkes*.

come apparent. But the misfortune is that the public are, as a rule, not only ignorant of these matters, but "ignorant of their ignorance;" for had they any adequate conception of the enormous loss and damage they continually suffer individually and collectively from preventable diseases, they would spare no pains to increase their knowledge of the subject, and lose no time in taking advantage of such means of protection as are even now available.

Some people seem to think that it is just as well to go on incurring the risk of illness, "taking their chance," and trusting to cure, forgetting or not knowing that many ailments which are easily preventable are really incurable; that in many cases where the disease is curable, the recovery is far from perfect; that the illness leaves its traces, and that those traces may be passed on to their posterity.

But the question may be asked—Will men act according to their knowledge? Undoubtedly, when they understand that it is their interest to do so. Of duty, I say nothing here, but it is clearly their interest to maintain their health. If they do not know how health is lost—and few, as I have said, do know,—how can they preserve it? It is a most pernicious error to suppose, as some appear to do, that to live healthily is to live unpleasantly in perpetual watchfulness, restraint, and self-denial. The truth is, that wholesome habits are as easily acquired as hurtful ones, a right mode of life is as simple and easy as a wrong one, and the healthier life is, beyond all comparison, the happier one. Certainly, if bad habits have already been acquired, it may cost much irksome restraint and self-denial to get back to better ways; but the object of the medical adviser ought to be to prevent the formation of such habits by the proper management of the life from childhood up. Then, of those who shall have thus learned what personal advantages are to be reaped from rational living, and what inevitable penalties are incurred by the neglect of natural laws, many will follow the dictates of their reason, and many more will follow their example. The good results of this instruction will, of course, be sooner realised in some families than in others; but the truth may, nevertheless, be generally stated, that it will produce more widely and more surely with each succeeding



generation, the fruits of better living, till the minimum of disease and death shall have been reached. True it is that we frequently see persons persisting in habits which they know to be productive of disease ; but for every such person it will be found that there are a hundred others who can honestly plead ignorance for their self-inflicted misery. And it will also be found that with the exception of the few, whose necessities compel them, in one way or another, to do what they know to be hurtful—those persons who knowingly damage their health, came by their knowledge only when it was too late, when tastes and habits previously formed had quite enslaved their victim.

I may just remark, in passing, that the much-needed instruction might be made more thorough, and more rapidly productive of results, if it were also imparted in the school. This could well be done in a short series of lessons by a medical man, on the causes and prevention of disease, after a simple course of elementary physiology, given by the school-master. Such instruction, however, could only be given with any hope of benefit to senior pupils above the age of twelve. But this part of the subject cannot now be dwelt upon. It is only mentioned here, that it may not be forgotten, as an important aid to the cause of health.

The necessity for reform will now be clearly seen from the following summary :—Hitherto, the interests of the medical profession and the public have been as they are now—opposed, that is to say, the greater the amount of illness the better it is for the doctors. This ought not to be, and there is no sufficient reason why it should be. The state of things in this respect, is unjust to the doctor, by placing him in a false position, and is also greatly detrimental to the welfare of the community. There is now, no doubt, among those who understand the subject, that illness is preventable to a far greater extent than is generally suspected or believed. People are constantly damaging their health and endangering their lives through ignorance. “They put their fingers in the fire and say it is their fortune.”

Our knowledge of the causes of disease and the ways in which they act, is now greater than ever before ; but much of that knowledge lies at present unused and useless, because the

doctor is not employed or paid to keep the public well. The advice and instruction that enable us to avoid disease are worth far more than the advice that is intended to cure us, and so often necessarily fails.

How, then, can the reform be brought about? In a way so simple and reasonable, as to commend itself to all who think of it. Let any person, for himself, or herself, and family—if there be one—go to a medical man and ask him to accept a sum of money (to be agreed on) every year, to give attendance and advice, with or without medicine (without, where possible) for that sum, it being understood, that should more attendance be required by actual illness or otherwise, it will be covered by the fee agreed upon, and that midwifery, the treatment of fractures and dislocations, and all serious injuries resulting from accident, and surgical operations, involving much trouble or requiring special skill, shall be considered extras, to be paid for either as at present, or (better) as the patient values the services rendered, or conscientiously feels he can afford to pay.

The annual sum would vary in different cases, from 10s. to 40s. or more, for each individual, according to circumstances.

My reasons for making the distinction between ordinary and extraordinary work, are these :—(a) The ordinary work may be largely composed of preventive practice, the extraordinary work is beyond the province of prevention ; (b) The ordinary work is almost entirely medical, the extraordinary is surgical, obstetrical, and special. The distinction, therefore, is founded on a real difference ; (c) A similar distinction is already recognised and acted on, to some extent, in general practice, and especially in clubs.

One example now will serve to illustrate the scheme :—The father of a family, for himself, his wife, and two children, agrees to pay two guineas a year, for four quarterly visits, at least. The preventive duties of the doctor might then be carried out as follows :—The medical history of each individual having first been ascertained and noted, the attendant will, from time to time, inquire into the sanitary condition of the house and its surroundings, and the state of health of the inmates, not only at the time of his visit, but as it has been in the interval. While talking on these matters he will learn much that will

guide and help him in future possible illnesses, and he will be able to discover unwholesome habits and circumstances before they can have done much harm. At the same time he will answer any questions that may be put to him on those vital affairs which it concerns every one to be acquainted with, and on which every well-educated medical man is, more or less, able to give information.

The advantages of this scheme of Medical Providence may now be briefly stated.

From what I have observed in practice, I am quite convinced that there must be a multitude of people, who, year after year, drag out an existence rendered more or less miserable by curable illness. Some of these are simply unwilling to go to a "strange doctor," perhaps for the first time in their lives, and content themselves with seeking the consolation and hazarding the ever-ready advice of "friends." Others of them stand aloof from medical aid, because they have already spent, either in quack medicines or in payment of medical bills, as much as they can afford or more; and as they happened to derive but little benefit they have given up all thought of incurring anew an expense to which they can see no limit. Some such whom I have offered to admit to the advantages of the provident system have thankfully accepted the offer, and have had reason to bless the scheme that has been instrumental in restoring them to a state of health which they had not known for years. I have ascertained, indeed, beyond all doubt, that it is, in many cases, the fear of unlimited expense that keeps many a suffering person from the help which a competent medical practitioner can afford, and which prompts others to abandon treatment prematurely, even while they are steadily improving under it. For all such evils the periodical payment of a definite and suitable sum affords the obvious remedy.

Many ailments that seem unimportant are neglected because they are thought too trifling to require the doctor's aid. Some of these cases are, no doubt, really trifling; but others, on the contrary, are of serious import, and if neglected, or improperly treated, may be followed by the gravest consequences. According to the present custom, these cases do not, but by the merest accident, come under medical observation, till the

golden opportunity is lost, and an intractable disease has been established. Under the new system this result would rarely happen.

It will remove the temptation to over-drugging of patients to which surgeon-apothecaries too often yield, in order to eke out their incomes, and will do away with all the unnecessary visits that now swell the totals of so many doctors' bills.

Those who have any sense of the fitness of things will see that it will allow the practitioner to escape from the absurdity and frequent injustice either to himself or to his patients, of charging arbitrarily a fixed or definite sum for every item of services which, from their very nature, are incapable of estimation by any commercial rule or trading standard.

Among the many advantages that would naturally follow the adoption of this plan, it is especially worthy of note that our knowledge of the causes of disease, and the means of avoiding them, would be greatly and rapidly extended ; for every medical man employed in this way would be encouraged to find out what is still unknown, and to exert himself by every means in his power to spread the information he possesses among the people under his care.

The system of Medical Clubs, Provident Dispensaries, and other similar institutions, is obviously an approximation to the plan I now propose, with this important difference, that the members of such institutions only receive attendance and advice in actual sickness. As far as they go, however, the principle is the same, and it would sorely puzzle any one to give a reason why the benefits of medical assurance should be confined to the so-called working or wage-earning classes. Is providence a virtue only among them? Are there none with higher incomes who find it hard to pay a doctor's bill? Is there any law that fixes the limit of annual fees for medical providence at the very inadequate maximum sum of five or six shillings a year? Among the higher classes I can call to mind a number of cases where, by an illness of two or three months' duration, a medical bill has been incurred, the amount of which would, under the provident system, have secured attendance and advice *for fifteen or twenty years*, with the probability of the unspeakable advantage of prevention.

If the medical services given in return for any of the fees included in the scheme herein proposed were nothing more than those received by the ordinary club members, the arrangement would be as great a boon, as it undoubtedly is, to those who cannot pay so much. But when it is considered that the system I am advocating superadds the benefits of constant medical advice for the avoidance of disease, the advantages that may be reaped are simply beyond all calculation.

In making the transition, the medical man will generally be able to obtain a basis for the annual payments by taking the average of three or more years' receipts from patients or families who have been attended for that length of time—exclusive, of course, of extras. Other cases can be settled by comparison and a consideration of contingencies ; and these modes of estimation may finally be checked by seeing whether the fees accruing will amount in the aggregate to such a sum as the character and extent of the practice in question would afford, according to the present method. In any case, the difficulty of fixing the fees will not be greater than at present.

Although the lower fees within this scheme can scarcely be considered remunerative, the whole scale has been calculated on the basis of the average income of general practitioners under the old *régime*. Consequently—supposing the receipts for extras to remain the same as now—the money passing from the public to the profession will not be greater than at present, but it will be far more equitably distributed, and will be spent with infinitely better results.

Only those who have given much consideration to the effects of disease upon the body politic, can be aware of what its prevention really implies—of the enormous reduction it would make in the premature mortality, in the suffering and incapacity, and pauperism and crime, arising from disease, that we know to be practically avoidable. Desirable as it is that the public should have clearer views on this aspect of the question, it would be beyond the scope and purpose of this tract to dwell on it as I could wish. Suffice it to point out, that it is both the physical and the moral well-being of the nation at large, that the reform I am pleading for—simple as it is, and

apparently nothing but a business arrangement— would actually promote.

Looking then, on the one hand, to the evils and defects of the present relation between the medical profession and the public, and on the other, to the far-reaching benefits which this reform would develop, it appears that in an age of spurious and short-sighted benevolence, there is, at least, one subject on which the judicious may really be enthusiastic.

Providence and Prevention are subjects on which proverbial philosophy has not been dumb ; but it is one thing to repeat a saying, and quite another to reduce its wisdom to practice. "Dig a well before you are thirsty," "Prevention is better than cure," "An ounce of prevention is worth a pound of cure," "Who would not give a trifle to prevent what he would give a thousand worlds to cure?"—are words which, when applied to matters of health and disease, serve but to convict us of our negligence and folly. Whatever words of wisdom we may speak, our practice of prevention still consists, for the most part, in "locking the stable door when the steed has been stolen." Thus, in spite of modern progress, medical practice, like popular philanthropy, still deals rather with effects than causes, and thus it is evident that the present limitation in the work of the medical practitioner is nothing better than a relic of primitive barbarism.

One difficulty, doubtless, has been the want of an arrangement by which systematic instruction and guidance could be made available for the great mass of the people in a simple and convenient way. Without some plan by which the medical profession and the public can meet and co-operate on terms satisfactory to both, there can be but little prevention worth the name.

If it be the duty of the medical practitioner to try to prevent disease, it is equally the duty of the public to pay him for so doing. The obligation is as binding on one side as the other. This, the reader sees, is now provided for, and there is nothing to hinder the immediate adoption of the scheme but our own unwillingness and indifference.

The scheme has not been hastily drawn up. It is the work of years and much deliberation in which, I believe, all the *pros*



and *cons* have been considered, and the subject thoroughly thought out in all its bearings. It is, therefore, more than likely that every possible objection has already been weighed and allowed for.

Of all the objections, real or imaginary, that can be conjured up, there is only one that seems to have anything to stand upon, and that is, that many clients would become too troublesome—would send for the doctor on the most trifling occasion, and at the most unreasonable and unseasonable times. There are, no doubt, some people who would be inconsiderate and exacting under any system, but I am able to say, after considerable experience, that under the provident system I have not found such cases more numerous than they usually are. On the contrary, indeed, I have often had occasion to find fault with my clients for not applying sooner than they did, and thus giving me the chance of nipping an illness in the bud. It will be found, in fact, that should such a drawback be occasionally felt it will be manageable by tact and reason, or, as a last resource, by the imposition of a higher annual fee. But over and above all is the simple and sufficient answer that the enormous advantages of the system to all concerned will far more than counterbalance an occasional and accidental inconvenience like this.

It will now be almost superfluous to add that this is not a doctor's question merely. It is the public welfare that demands the change—a change which is all the more feasible because, in a minor degree, it will benefit the profession too. A little reflection, moreover, will serve to show that even the benefits it will confer upon the doctors will be reflected on the public. But although the change will be on the whole beneficial to the profession, it should be remembered that the members of all professions are slow to see the advantages of any innovation, and still more slow to break spontaneously through the trammels of professional custom. Content to follow the fashion, the medical man, as a rule, does not particularly care to inquire whether the principle on which his practice is conducted is a sound one, or likely to further the advancement of medical science, or to conduce, as far as possible, to the welfare of the community. If the practice pays, he is not in

the least inclined to question its principle. He is conscious of being engaged in an honourable and useful work, and the better it pays, the less is he likely to admit that the system under which it is performed is radically defective, and stands in the way of one that is better. All this is doubtless a common characteristic of human nature which a medical training does not alter. The public, however,—as I have shown—have ample reasons for looking at the matter in another light, and they are free to act accordingly. It is, therefore, in their power to overcome this difficulty, by asking for the change—a request which they are perfectly entitled to make. The profession exists for the public, not the public for the profession, and no delicacy need be felt in asking a doctor to do what will enhance the dignity and usefulness of his work without diminishing his pay.

Is there, then, no practical difficulty whatever? I fear there is. A difficulty which may impede for a time, although it cannot ultimately prevent the acceptance of a scheme so sound and true in principle and so simple and beneficent in practice. It consists in the fact that a reform like this being everybody's business is considered to be nobody's business, and thus, curiously enough, one of its strongest features becomes a barrier to its adoption. The obvious remedy for this, however, is for everybody to remember that it *is* his business and to act accordingly. Every one who has read these pages with sufficient attention must feel that such a scheme is eminently desirable and urgently necessary. Wishing, however, will not bring it to pass, but individual action will, and that, therefore, is what is wanted. Let the reader be guided by what must now be his conviction; let him advocate the reform; let him join it if he can; and thus, in the most speedy and satisfactory way, he will help to settle the question whether it is premature or practicable.



## APPENDIX.

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*The following is the form of card recommended for general adoption :-*

### MEDICAL PROVIDENCE, FOR THE PREVENTION AND MORE EFFECTIVE TREATMENT OF DISEASE.

*A system of Medical Practice whereby attendance and advice are always available,  
in health or in sickness, for a definite annual sum.*

Annual fees: from 10s. to 40s. for each individual, according to circumstances. Extras excepted.

Medicine included or not included, according to agreement.

The extras are:—Midwifery, fractures, dislocations, serious injuries resulting from accident, and surgical operations involving much trouble or requiring special skill.

Every person residing at a greater distance than one mile from the house of the Medical Attendant will be expected to pay 1s. per annum for every mile, or fraction of a mile, of total distance.

Fees to be paid quarterly or half-yearly in advance.

Extras to be paid for according to agreement, either as per account, in the usual way, or by voluntary contributions, as the patient values the services rendered, or conscientiously feels he can afford to pay.

Clients will be visited as often as may be necessary to afford the full advantages of the scheme, and they will be at liberty to come to the Medical Attendant for information and advice on all matters pertaining to the health, whenever occasion may require.

No person who is ill at the time of application can be admitted to the scheme, except on payment of a whole or half year's fee, according to the case, in addition to the ordinary subscription.

Some cases of established chronic ailment, especially in advanced life, will, if admitted, be liable to a higher fee.

A reduction is made in the rates for more than four members of one family residing together.

The fees agreed on are subject to annual revision.

On another page, are entered:—Name—Address—Agreement—Medicine (included or not included)—and Payments.

For the working classes and others who cannot afford to pay the fees above-mentioned, the following form of card (which may easily be varied to suit particular cases) will be found to answer. In towns the patients may obtain their medicines from the druggists.

### PROVIDENT MEDICAL CLUB.

For men, women, and children, of the working classes, to obtain Advice and Attendance (and Medicine) when required.

#### RULES.

The fees are, 4s., 5s., and 6s. a year. Ordinary fee, 5s. Four or more members of one family will be admitted at 4s. each. Some persons who can afford to pay a little more than the ordinary fee will be admitted at 6s.

Persons who live more than three miles from the Surgery must pay 6s. each.

No person who is ill at the time of application can be admitted as a member except by paying back for one year.

Payments to be made at the Surgery, either quarterly or half-yearly in advance, on January 1st, April 1st, July 1st, October 1st.

The right of refusing any application for membership is reserved.

NOTE.—Midwifery, Fractures, Dislocations, and Surgical Operations are not included in these payments.





